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|  |  |                                       |
|--|--|---------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) |  | Docket Number (Optional)<br>CITI0015C |
|  | In re Application of Paul SIDIKMAN, et al.   |                                       |
|  | Application Number 09/006,839  | Filed January 12, 1998                |
|  | For METHOD AND SYSTEM FOR PROVIDING INTEGRATED BROKERAGE AND OTHER FINANCIAL SERVICES THROUGH CUSTOMER ACTIVATED TERMINALS |                                       |
|  | Group Art Unit<br>2164   | Examiner<br>Kazimi, H.                |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

|  |          |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$930    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____ |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 501458.  
I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 33,014.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

4/14/03  
Date

*Signature* 44, 465  
GEORGE T. MARCOU  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark

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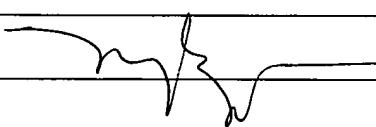
APR 14 2003

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                  |
|--|------------------|
| Application Number                       | 09/006,839       |
| Filing Date                              | January 12, 1998 |
| First Named Inventor                     | Paul SIDKIMAN    |
| Group Art Unit                           | 2164             |
| Examiner Name                            | Kazimi, H.       |
| Total Number of Pages in This Submission | 17               |
| Attorney Docket Number                   | CITI0015C        |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><br>Remarks | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i><br><br>Post Card; Appeal Brief (in triplicate; checks for \$930 and \$320 |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm<br>or<br>Individual name              | for<br>GEORGE T. MARCOU, REG. #33,014, KILPATRICK STOCKTON LLP                               |
| Signature                                  |  # 44,465 |
| Date                                       |  |

| CERTIFICATE OF MAILING  |                      |                           |
|---|----------------------|---------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/> |                      |                           |
| Typed or printed name   |                      |                           |
| Signature   | <input type="text"/> | Date <input type="text"/> |

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